No 43.

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Dysentery

Mr Hill

admitted March 17. 1819

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Observations on Dysentery.

In commencing these observations, I deemed it most prudent, to notice the state of the weather, in the Summer of 1818. then to give the history, and cure of the, disease, afterwards to treat and explain the nature of the disease in general, Although it will be out of my power to offer any thing new or interesting on the Subject.

I believe it was generally admitted, that the Summer of 1818. in Virginia, was warmer than it had for many years.—

In the Month of May the Thermometer varied from 55 to 80. heavy rains fell during the Month.

June was verry hot, the Thermometer ranging from 70 to 90. frequent rains with loud thunder.

In July the Thermometer varied from 75 to 95, the month clear, warm and Sultry.—

August was dry and hot, the Thermometer the Same as in July.—

September was cool, having a frost early in the Month.—

About the middle of May the Dysentery made its appearance, and was verry fatal, Among Chrildren. as far as I could learn, the

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disease more or less prevailed throughout the United States. It frequently occured with various degrees of violence, in many cases its progress was arrested, if proper remedies were used in the commencement. I found it very often complicated, assuming various forms of fever. particularly the intermitting and remitting fever; it was sometimes combined with Typhus. In the neighbourhood in which I lived, it was generally connected with Bilious fever, particularly in those cases that were violent; this I knew of my one knowledge, and was credibly informed of its bilious tendency by many respectable gentlemen of the faculty. — Bilious appearances were not only detected in the stools urin &c. but the skin and eyes, exhibited every mark of the diffusion of bile through the system. the disease seemed to be attended with much inflammation in the lower part of the intestinal tube, severe griping, and flatulence, the calls very frequent and bilious, preceded by excessive pain. the colour and consistence of the discharges, changed continually, sometimes the stools consisted of dark mucus tinged with blood, and at times they were of a green watery colour, and having

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a foetid smell; indeed it is almost impo=
=ssible to give a correct account of the evac=
=uations, for in truth they never continu=
=ed the same six hours together. In several pat=
=ients, I observed nothing passed but blood
in the afternoon, and bilious discharges in
the morning: this perhaps might have been
owing to a return of the fever in the after
part of the day, which would naturally inc=
=rease the inflammation in the bowels and
produce hemorhage from the small vessels dis=
=eased.

The general symptoms that characteri=
=sed Dysentery last Summer, were loss of app=
=etite, sickness of the stomach, vomiting sm=
=all, frequent pulse, foul tongue &c. thes sym=
=poms frequently came on before there was any
disturbance of the bowels. In many cases, the
chills became periodical, assuming the app=
=earance of an intermittent, in others there
was a periodical flush, that partook
more of the remitting type. - Fever more or
less accompanied the disease through out
its whole course, when most of the ~~above~~ sym=
=ptoms above described became violent, great
irritation seemed to pervade the whole course

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of the intestines, attended by great prostration of strength the countenance assuming a pale appearance, the pulse lost its force and death ultimately, closed the scene. But when the disease was less violent, it was protracted to a considerable length, leaving the patient very languid, and terminating at last in bilious fever. This was uniformly the case with adults, after the disease assumed the chronic form. Many cases occurred in Children, where the disease was suddenly removed, by an eruption on the Skin. A most remarkable instance of this kind happened in the neighbourhood in a Child of two years old; he had been labouring under Dysentery for four weeks, his physician despaired of his recovery, as also did the family; the usual remedies in the disease had a fair trial, and death seemed to be the inevitable consequence; suddenly however, to the astonishment of all present, a most violent eruption of the Skin appeared; the effect was, that the pulse rose, became round and full, attended with high fever, respiration quick and laborious, the whole frame seemed enlarged, the bowell discharges ceased and an obstinate bilious fever followed.

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this patient recovered and I believe enjoys good health. I never saw or heard of the disease affecting adults in this way, although it was very common among young children. It is worthy of remark that Dysentery as it appeared in Virginia last Summer, was marked by several new symptoms, some of which have been described, but a very unusual symptom which I consider new was a pain in the shoulder resembling Rheumatism, and not unfrequently a suppression of Urin.

I am unable to say what situations were most subject to this Epidemic, but believe it was the opinion of Medical men, that the disease was most prevalent in the neighbourhood of water courses. Low situations seemed most unhealthy, particularly the districts of Country subject to Ague and fever. As this disease seemed to run into the bilious remitting and intermitting forms of fever, may not the causes be the same; as far as my memory serves me many are of this opinion, particularly Dr Thomas, who wrote on diseases of a warm climate and no doubt a man of much information. If I may be allowed a conjecture

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from what I discovered last summer, I should be of opinion that the cause which produces vernal and autumnal intermitting and remitting bilious fever, are the same, that produces Dysentery, but I acknowledge my inability to prove it. The above disease was treated differently by different Physicians, But the treatment, which I found most successful, was purgatives continued at long intervals, for a length of time, interposing mucilaginous injections and drinks; Calomel was used freely and with much success, it seemed to act more forcibly on the coats of the intestines than milder purgatives, and brought away long quantities of indurated feces. In full plethoric habits, blood was taken from the arm, with success. In cases attended with little or no fever, the Compound powder of Ipecacuanha seemed to be of singular service, when proper evacuants had been previously used.

Having made some general observations on Dysentery, as it appeared in Virginia. I will go on to make observations on the disease in general.

By Dysentery, I understand an inflammation of a part or the whole of the intestinal tube,

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The particular seat of the disease seems to be the inner coat called the Mucous membrane. I am unable to determine whether the disease has ever pervaded the whole length of the Alimentary Canal, but it appears reasonable in violent cases, that the whole length of the bowels may suffer by its ravages, but the common and most obstinate seat of the disease seems to be the large gut, viz. the Colon and rectum.—

The disease every case seems to be attended with more or less fever, severe griping, frequent bloody stools, tenesmus, restlessness, thirst &c. The stools are not always mixed with blood, frequently in milder cases, the discharges seems mucous, when the patient is first attacked he has frequent calls discharging the contents of the lower bowels, the pain in a short time, becomes more severe and the stools more liquid, having a bilious, mucous, or bloody cast.— Should the feces in the course of the disease, assume a natural appearance they are hard, sometimes round and called by Medical writers Scybala.

Dysentery makes its appearance, more frequently in summer and Autumn, The I have known

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several regular formed leaves in winter and spring. Various opinions are assigned why it should occur in warm climates. I believe it is often occasioned by cold succeeding intense heat. This is one of the causes which is said to produce the disease. I have reference here to cold suddenly applied to the body, and not a continuance of it for any length of time; when cold suddenly succeeds heat, perspiration is checked, and there may be a particular determination to the bowels. Sydenham, seems to be of this opinion, for he contends that it is a fever, thrown upon the bowels in consequence of obstructed perspiration. A long drought may be considered as an other cause of its production, for we find it prevailing sometimes in hot dry weather. Moisture. This may be considered as an other exciting cause of the disease, situations much exposed to heavy dews, such as the neighbourhoods of large rivers, mill ponds &c. are all liable to obstinate bowel complaints. — Bad water very frequently produces the complaint of loose freely. Putrid or unhealthy food. This is also

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said to have its influence, and no doubt produces the disease in many cases; But the cause which most frequently gives rise to Dysentery, seems to be specific contagion, and when a neighbourhood once becomes affected in this way, it spreads with astonishing rapidity. Not unfrequently the disease appears as an Epidemic; oweing, I suppose to a peculiar condition of the Atmosphere. It seems evident in many instances that the Atmosphere is the medium through which we are assailed by many ills, and I think it not unreasonable to suppose that it may be per certain principals favourable to the production of Dysentery.

Dysentery seems to be considered a highly contagious disease, it is acknowledged by many medical men, to be infectious. when the disease appears in a family, it generally affects many of its members, some slightly, others with severity, this circumstance with others, seems almost conclusive that it is infectious. this being admitted, great care should be taken to arrest the exciting cause. It would be well therefore to change the bedding frequently, as also the patients linen;

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to remove the discharges some distance from the house, fumigate the room two or three times daily, with turpentine vinegar &c. By these means some of the exciting causes of Dysentery may be removed.

In respects the cure of Dysentery, the first indication seems to be, to lessen the inflammation in general, by bleeding and other evacuants. If the patient should be plethoric with much fever, full round pulse, I should judge it necessary to bleed frequently. I am however aware that many writers, on the disease are very cautious with respect to the use of the lancet, and perhaps very. Judicious, but I am well assured from the few cases that have come under my observation, that bleeding has been of singular service. It should be repeated as long as the pulse and other febrile symptoms seemed to require. The second step towards a cure, seems to be in the exhibition of purgative remedies. The bowels should be kept open freely with mild purgatives, continued daily for a length of time, &c until most of the febrile symptoms are removed. This course should be assisted with injections, such as warm milk, and gruel Mucilage of Gum

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Arabic, slippery elm &c. the patients drink should be mild and at the same time nourishing and mucilaginous. After proper evacuants, it will be well to determine to the surface of the body, by using mild diaphoretic remedies, for which purpose, small doses of Antimonial Medicine should be used and continued at proper intervals, in order to keep up a gentle nausea and slight perspiration. Ipecacuanha may also be of singular service in the cure, for it seems to be a medicine that acts with much force on the Skin.—

If the Abdomen be tumified, hard and sore to the touch, in addition to fomentations and anodyne liniments, the application of a blister to it, will be found to be of great service. when the febrile symptoms have been reduced, and the bowels freely evacuated, Opiates must be be administered, for the purpose of relieving pain, and procuring sleep. Laudanum combined with small doses of Antimonial wine, will afford much relief. Opium and ipecacuanha in the form of pill or powder, has also been given with advantage. the compound powder of Ipecacuanha, is an excellent remedy. Opiates

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Should be administered at long intervals, and not then unless the patient complains of much pain restlesness and want of sleep. This however should depend upon the Judgment of the practitioner.

I have made no mention of Emetics, although they are spoken of by some writers, under certain circumstances they may be of singular service, perhaps in cases, where there is great disorder of the stomach, they may be useful.

Tonics and astringents may be used in in cases of extreme weakness. The Infusion of Cinchona, Columbo, Chamomile, or Gentian with Aromatics, may be administered freely in ~~the advanced~~ of Dysentery. Whenever there appears to be any Acidity in the Stomach, the Chalk Julep, or any mild absorbent, should be ordered and continued as long as necessity required.

The Article of Cloathing, in the treatment of Dysentery, is of no small importance. Flannel should be worn next the Skin in general, with one or two folds of it over the Abdomen. This answers

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the twofold purpose of promoting perspira-
-tion, and giving the necessary support to
the weakened intestines. The diet of Dys-
-enteric patients, should be very light
and easy of digestion. Mucilaginous
Substances should be freely given, as
barley water, Rice water, Gum Arab-
-ic dissolved in water, Arrow root,
Slippery elm tea Jellies &c.

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